obligation to refer the patient to a laparoscopically trained colleague unless the patient requests it. Where a patient with recurrent or bilateral hernias sees a laparoscopic surgeon, clearly the benefits of laparoscopic repair in these more complex situations are so apparent that it would be difficult for a laparoscopic surgeon to recommend anything else unless, again, the patient was unfit for a general anaesthetic.

NICE has also expressed a preference for one of the two laparoscopic techniques available, the totally extraperitoneal (TEP) rather than the transabdominal preperitoneal (TAPP) method, even though there is no statistically significant difference in outcome between the two techniques. Some early complications were reported with the transabdominal method, which was the first widely used laparoscopic repair, but these problems have been surmounted and are not described in more recent reports.

It is of interest that the NICE appraisal panel (members of which, with one exception, are not surgeons and who have not performed or seen either procedure) decided to advise on which technique surgeons should use for laparoscopic repair. By contrast, although NICE advised on the type of prosthesis to be used for hip replacement surgery it did not tell orthopaedic surgeons that the prosthesis should be inserted by only one of the surgical approaches to the hip joint.

Conclusion

As with other types of laparoscopic surgery, proper training is essential to achieve good results. I hope that surgeons who are adequately trained will not encounter resistance from their chief executives when they want to introduce (or continue using) laparoscopic techniques. I have no doubt that units with a surgeon (or surgeons) trained in laparoscopic hernia repair will continue to flourish as increasingly well informed patients seek out hospitals in which their hernias can be repaired with little pain and early return to full activity. After all, there are few takers for open cholecystectomy any more.

Competing interests: RWM is the immediate past president of the Association of Endoscopic Surgeons of Great Britain and Ireland.

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De Sapientia Veterum (The wisdom of the ancients)

On my first firm as a student at "Barts" in the early 1950s I was taught so much more than surgery by two eminent surgeons of the day. One small and seemingly insignificant piece of advice was that painful cracks around the mouth should be treated with *Ung Hydrarg Ammon Dil*.

I never forgot this cumbersome name and when, some years later, my family was bothered by such cracks, either beside the mouth or at the tips of the fingers, we had no problem in obtaining the ointment from the local chemist. A minute quantity applied for a day or two invariably healed the cracks. There was no need to get a further supply because the tiny jar lasted, it seemed, for ever. However, it did eventually run out, and the chemist reported that he was no longer allowed to supply it, because the mercury content was potentially dangerous. He showed me his remaining supply and gave it to me. It now sits in my bathroom cabinet (out of reach of children, of course), and I supply my friends with tiny quantities when asked. All are amazed at its efficacy.

I have now found a new use for it. In recent weeks I had been bothered by a small skin break on my shin which stubbornly refused to heal and conjured up fears of an incipient varicose ulcer. Twice daily application of a tiny quantity of the ointment resulted in complete healing after three days.

Curious about the description of this magic healer, I took down *Martindale's Pharmacopoeia* (1952 edition), which was given to my husband by the chemist in the village in which we were living in 1956. It reads thus: "Unguentum Hydrargyri Ammoniati Dilutum. White precipitate ointment. (Note. This ointment is only half the strength of the BP 1932 preparation). Used chiefly as a parasiticide in skin conditions such as impetigo, chronic eczema and ringworm."

So much has changed in medicine. Surgeons no longer instruct their students in the use of ointments with long Latin names, some really effective remedies have slipped into disuse, and doctors are given very different presents by their patients. The inscription in the *Pharmacopoeia* reads: "Would you kindly accept this as a very small token of appreciation of your wonderful kindness to dear old Dad."

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake,* or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.